

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007047

STATE FILE NUMBER

AMENDED

Registration District No.

173
FILED MAR 7 1962

Primary Registration District No.

3034

Registrar's No.

15

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Higginsville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

1201 Walnut

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY

OR

TOWN Higginsville

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

1201 Walnut

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Heuby

Middle

Estle

Last

Moore, Sr.

4. DATE
OF
DEATH

Month

2

Day

22

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-5-1894

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Decorator

10b. KIND OF BUSINESS OR INDUSTRY

Paint & paper hanging

11. BIRTHPLACE (City and state or country)

Higginsville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alfred Henry Moore

13b. MOTHER'S MAIDEN NAME

Lillie Rogers

14. NAME OF HUSBAND OR WIFE

Lydia Anna Sanders Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Heuby Moore, Jr. Festus, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Asphyxiation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Badly burned in his burning home

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Burning home

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

7-2-22-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1201 Walnut Higginsville

20f. CITY, TOWN, OR LOCATION

Higginsville

COUNTY

Lafayette

STATE

Mo

21. I attended the deceased from

of death

7:45 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw him alive on

never

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-25-1962

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

Higginsville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

G. Jackson Hader Higginsville, Mo.

25. DATE RECD. BY LOCAL REG.

Feb. 27. 1962

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Forrest R. Hoefen

Licensed Embalmer No. 4801

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.